

# EuropeGrandTour

## 2012

### STUDENT APPLICATION

Legal Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of this Application: \_\_\_\_\_.

Home Telephone: (\_\_\_\_\_) - \_\_\_\_\_ Student Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Name of school in which you are currently enrolled: \_\_\_\_\_

Grade completed by end of Spring Semester: (circle one) 10th 11th 12th

What is your over-all grade point average? \_\_\_\_\_.

Names of Parents (or Guardians): \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) - \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_

Mother's Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_

If one of our Teacher Representatives influenced your decision to apply for our Travel Program, please write that teacher's name: \_\_\_\_\_.

#### IN ORDER TO RESERVE A PLACE IN THE PROGRAM OF YOUR CHOICE:

1. Complete this application and deliver to your Teacher Representative (listed above). Your Representative will review your Application. If accepted, a complete Application Packet will be given to you. Upon completion, please return this Packet to your Representative along with your deposit. Only at that time will a place in a Program be guaranteed.
2. If you do not have a Teacher Representative at your school, please mail this Application to:

Europe Grand Tour, LLC  
P.O. Box 11  
Safety Harbor, FL 34695  
Telephone: 727-243-8304